1/.

Best Available Copy

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			NO.	DEP.	NO.	DEP.	NO.	DEP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.							
1	1						61						
2		/					62						
3							63						
4							64						
6		/					66						
6		/					66						
7							67						
8		/					68						
9		/					69						
10							60						
11							61						
12							62						
13							63						
14							64						
16							66						
16							66						
17	1						67						
18							68						
19							69						
20							70						
21		/					71						
22							72						
23							73						
24							74						
25							76						
26	/						76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34	1						84						
36			1				86						
36			1				86						
37							87						
38							88						
39							89						
40							90						
41		/					91						
42							92						
43							93						
44							94						
46							96						
46		/					96						
47							97						
48							98						
49							99						
60							100						
TOTAL NO.	5						TOTAL NO.						
TOTAL DEP.	41						TOTAL DEP.						
TOTAL	46						TOTAL						